TOWN OF CASTLETON

2016 GRIEVANCE APPEAL

Date: _____ Telephone Number: _____

Property Owner(s): _____

Business Name (If applicable): _____

Mailing Address: _____

Type/Use of Property: _____

Location: _____

Parcel Number (use 1 form per parcel): _____

Current Total Real Value: _____ Owner's Estimate of Value: _____

Owners' Reason for grievance (use 1 form per parcel): _____

_____

_____

_____

_____

_____

Signatures(s) of Owner(s) or Representative: _____

NOTE: If you are representing the owner, you must include a letter of representation signed by the owner with the appeal. If you did not own the property as of April 1, 2016, you must get a letter authorizing you to appeal signed by the previous owner. Please attach any documentation needed to this form.

Please mail to: *Town of Castleton Assessor's Office*
PO Box 727
Castleton, VT 05735

Call for an appointment: *802-468-5319 EXT 217*

NOTE: You may submit this form via mail in lieu of meeting directly with the Assessor.

Property values can be adjusted for three reasons: 1. The property value is not representative of a fair selling price as of April 1, 2016. 2. The property value is unfair in comparison to like or similar property. 3. There is an error in the record.

ALL GRIEVANCES MUST BE IN WRITING. This form is provided for your convenience. Please return the completed form along with any attachments to the Castleton Assessor. Thank you for your cooperation.